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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	UNASSIGNED
Filing Date	HEREWITH
First Named Inventor	MICHEL R. GAGNE, ET AL.
Title	PHOSPHORUS-CONTAINING COMPOSITIONS AND THEIR USE IN HYDROCYANATION, ISOMERIZATION AND HYDROFORMYLATION REACTIONS
Group Art Unit	UNASSIGNED
Examiner Name	LINASSIGNED
Attorney Docket Number	PI1245 US NA

	TAttorney					
I hereby appoint: ☑ Practitioners at Customer Number OR	23906			PATE	23906* ent trademark office].
☐ Practitioner(s) named below:						
Name			Registration	Number		
		_	<u> </u>			
						
as my/our attorney(s) or agent(s) to United States Patent and Trademark	prosecute the applic Office connected the	ation ide	entified above, and to	o transac	ct all business in the	
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Address						
City CARRBORO	·	State	NC	ZIP	27510	
Country US						
Telephone		Fax				·
I am the:						
Applicant/Inventor.	•					
Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).						
SIG	NATURE of Applica	ant or A	ssignee of Record			
Name MICHEL R, GAGNE]
Signature						
Date 11/14/01						
NOTE: Signatures of all the inventors or Submit multiple forms if more than one s				eir repre	esentative(s) are rec	quired.
*Total of 5 forms are submitted.						

*Total of 5 forms are submitted.

UNASSIGNED

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Application Number

		Filing Date	HEREWITH					
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AUTHORIZAT	Title		PHOSPHORUS-CONTAINING COMPOSITIONS AND THEIR USE IN HYDROCYANATION, ISOMERIZATION AND HYDROFORMYLATION REACTIONS					
(.		Group Art Ur	nit	UNASSIGN				
		Examiner Na	me	UNASSIGN	FD			
		Attorney Do	cket Number	Pl1245 US I	NA		•	
I hereby appoint: ☑ Practitioners at Customer Number 23906 *23906*								
OR				L	PAT	ENT TRADEMA	RK OFFICE	
☐ Practitioner(s) name	ed below:		,				J	
	Name	· · · · · · · · · · · · · · · · · · ·	Re	gistration Nu	umber			
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as my/our attorne	y(s) or agent(s) to prosecu	te the application	n identified ab	ove and to t	transa	ed all busine	ess in the	
United States Pat	tent and Trademark Office	connected there	with.	Ovo, and ic	LI GI, 1	IO. C.,	000	
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OR				<u>.</u>				
Firm or Individual Name	KENNETH G. MOLOY	,						
Address	549 CABOT DRIVE							
Address								
City	HOCKESSIN	Sta	ate DE		ZIP	19707		
Country	US							
Telephone		F	ах					
I am the:						·		
Applicant/Invento	or.							
— -	rd of the entire interest. Se 37 CFR 3.73(b) is enclosed							
·	SIGNATUR	E of Applicant	or Assignee o	of Record				
Name KENŅE	TH G. MOLQY	1	·	· · · · · · · · · · · · · · · · · · ·				
Signature / Le								
Date								
	Il the inventors or assigned if more than one signature			erest or the	ir rep	resentative	e(s) are req	uired.

PTO/SB/81 (02-01)

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	Application Number	UNASSIGNED	1
	Filing Dat	HEREWITH	
	First Named Inventor	MICHEL R. GAGNE, ET AL.	
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Title	PHOSPHORUS-CONTAINING COMPOSITIONS AND THEIR USE IN HYDROCYANATION, ISOMERIZATION AND HYDROFORMYLATION REACTIONS	
	Group Art Unit	UNASSIGNED	
<u> </u>	Examiner Name	UNASSIGNED	フ
	Attorney Docket Number	PI1245 US NA	

I hereby appoint:			- <u></u>			_ 			
Practitioner(s) named below: Name	☑ Practition		stomer Number	23906			*	*23906*	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to:	İ							TENT TO DE MARK OF THE	
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please change the correspondence address for the above-identified application to: The above-mentioned Customer Number	☐ Practition	er(s) name	ed below:						
Please change the correspondence address for the above-identified application to: ☐ The above-mentioned Customer Number OR ☐ Practioners at Customer Number OR ☐ Firm or Individual Name NORA S. RADU Address City LANDENBERG State Fax I am the: ☐ Applicant/Inventor. ☐ Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name NORA S. RADU Signature Date LITED NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	<u> </u>		Name			Registration N	Numbe	r	-
Please change the correspondence address for the above-identified application to: ☐ The above-mentioned Customer Number OR ☐ Practioners at Customer Number OR ☐ Firm or Individual Name NORA S. RADU Address City LANDENBERG State Fax I am the: ☐ Applicant/Inventor. ☐ Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name NORA S. RADU Signature Date LITED NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.	}								
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Practioners at Customer Number OR Firm or Individual Name		,				_			
NORA S. RADU	☐ Praction	ers at Cust	tomer Number	L			Pla	ce Bar Code Label Here	
Address 109 STONEY RIDGE ROAD Address City LANDENBERG State PA ZIP 19350 Country US Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name NORA S. RADU Signature Date LIJD N NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	OR								
Address 109 STONEY RIDGE ROAD Address City LANDENBERG State PA ZIP 19350 Country US Telephone Fax I 19350 I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name NORA S. RADU Signature Date U130 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		al Name	NORA S. RADU						-
City LANDENBERG State PA ZIP 19350 Country US Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name NORA S. RADU Signature Assignee of Record Date U1300 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.			109 STONEY R	IDGE ROAD					
Country Telephone Fax I am the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name NORA S. RADU Signature Date Lift of NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Address								
Telephone Fax I am the: ☑ Applicant/Inventor. ☐ Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name NORA S. RADU Signature ☐ Con Rach Date ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	City	•	LANDENBERG		State	PA	ZIP	19350	
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Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name NORA S. RADU Signature Date 1 13 0 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Telephone				Fax				
Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). SIGNATURE of Applicant or Assignee of Record Name NORA S. RADU Signature Core Parallel North Radius Date 1130 NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	I am the:			•					
SIGNATURE of Applicant or Assignee of Record Name NORA S. RADU Signature Date	Applica	ant/Invento	or.						
Name NORA S. RADU Signature Date									
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Date	Name	NORA S	S. RADU						
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Submit multiple forms if more than one signature is required, see below*.	Date	111	1 1						
*Total of 5 forms are submitted.							eir rep	presentative(s) are req	uired.
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	Application Number	UNASSIGNED	
•	Filing Date	HEREWITH	
	First Named Inventor	MICHEL R. GAGNE, ET AL.	
POWER OF ATTORNEY OR AUTHORIZATION OF AGENT	Title	PHOSPHORUS-CONTAINING COMPOSITIONS AND THEIR USE IN HYDROCYANATION, ISOMERIZATION AND HYDROFORMYLATION REACTIONS	
	Group Art Unit	UNASSIGNED	
<u> </u>	Examiner Name	LINASSIGNED	

			Attorney	Docket	Number	PI1245 US	NA			
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☑ Practition	ers at Cus	stomer Number	23906				*	239 0	06*	
OR							PA ⁻	TENT TRADEMA	ARK OFFICE	
☐ Practition	ner(s) nam	ed below:								
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Firm or	ał Name	BRIAN P. SANT	ORA							
Address	\	112155 846TH A	VENUE							
Address		BPS								
City		RIVER FALLS		State	WI		ZIP	54022		
Country		US								
Telephone				Fax						
I am the:										
Applica	Applicant/inventor.									
Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).										
SIGNATURE of Applicant or Assignee of Record										
Name	BRIAN	P. SANTORA								
Signature	Bi	- P. fartin	<u> </u>							
Date	Date Nov. 137, 2001									
		all the inventors or a if more than one sig				erest or the	eir rep	oresentative	e(s) are rec	uired.
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	Group Art Unit	UNASSIGNED	
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			Attorney	Docket	Number	PI1245 US	NA	
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Firm or	al Name	WILSON TAM						
Address		3781 BROOKC	ROFT LANE					
Address								
City		BOOTHWYN		State	PA		ZIP	19061
Country		US						
Telephone				Fax				·
I am the:					· · · · · · · · · · · · · · · · · · ·			
Applic	ant/Invento	or.						
Assignee of record of the entire interest. See 37 CFR 3.71. Certificate under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).								
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Name	WILSOI	N TAM						
Signature	11	Vilson Ja						
Date		1/13/2001						
	tures of a	Il the inventors or	assignees of recor			rest or the	eir rep	presentative(s) are required.
Total of	forms are	submitted.						

PTO/SB/01A (10-01)

Approved for use through 10/31/2002. OMB 0651-0032

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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	PHOSPHORUS-CONTAINING COMPOSITIONS AND THEIR USE IN HYDROCYANATION, ISOMERIZATION AND HYDROFORMYLATION REACTIONS						
As the below name	inventor(s), I/we declare that:						
This declaration is	irected to:						
	Application No, filed on,						
	as amended on (if applicable);						
I/we believe that I/which a patent is se	ve am/are the original and first inventor(s) of the subject matter which is claimed and for ught;						
	and understand the contents of the above-identified application, including the claims, as endment specifically referred to above;						
to me/us to be mat available between	ne duty to disclose to the United States Patent and Trademark Office all information known rial to patentability as defined in 37 CFR 1.56, including material information which became be filing date of the prior application and the National or PCT International filing date of the application, if applicable; and						
are believed to be statements and the	All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.						
FULL NAME OF IN	ENTOR(S)						
Inventor one: N	CHEL RAMAGNE						
Signature:	Citizen of: CANADA						
Inventor two: K	NNETH G. MOLOY						
Signature:	Citizen of: US						
Inventor three: N	DRA S. RADU						
Signature:	Citizen of: US						
Inventor four: B	IAN P. SANTORA						
Signature:	Citizen of: US						
	ors are being named on 1 additional form(s) attached hereto.						

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief

DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

Title of Invention	PHOSPHORUS-CONTAINING COMPOSITIONS AND THEIR USE IN HYDROCYANATION, ISOMERIZATION AND HYDROFORMYLATION REACTIONS					
As the below name	ed inventor(s), I/we declare that:					
· · · · · · ·						
This declaration is	directed to:					
	☐ The attached application, or					
	Application No, filed on,					
	as amended on (if applicable);					
I/we believe that I/which a patent is so	we am/are the original and first inventor(s) of the subject matter which is claimed and for bught;					
I/we have reviewed amended by any ar	d and understand the contents of the above-identified application, including the claims, as mendment specifically referred to above;					
to me/us to be mate available between to	the duty to disclose to the United States Patent and Trademark Office all information known erial to patentability as defined in 37 CFR 1.56, including material information which became the filing date of the prior application and the National or PCT International filing date of the application, if applicable; and					
are believed to be statements and the	e herein of my/own knowledge are true, all statements made herein on information and belief true, and further that these statements were made with the knowledge that willful false is like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may ity of the application or any patent issuing thereon.					
FULL NAME OF IN	VENTOR(S)					
Inventor one: N	IICHEL R. GAGNE					
Signature:	Citizen of: CANADA					
Inventor two: K	ENNETH G. MOLOY					
Signature:	Citizen of: US					
Inventor three: N	ORA S. RADU					
Signature:	hom Radu Citizen of: US					
Inventor four: B	RIAN P. SANTORA					
Signature:	Citizen of: US					

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Additional inventors are being named on 1 additional form(s) attached hereto.

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DECLARATION (37 CFR 1.63) FOR UTILITY OR DESIGN APPLICATION USING AN **APPLICATION DATA SHEET (37 CFR 1.76)**

Title of Invention		PHOSPHORUS-CONTAINING COMPOSITIONS AND THEIR USE IN HYDROCYANATION, ISOMERIZATION AND HYDROFORMYLATION REACTIONS					
As the below name	As the below named inventor(s), I/we declare that:						
This declaration is	direct	ed to:					
	\boxtimes	The attached application, or					
		Application No, filed on,					
		as amended on (if applicable);					
I/we believe that I/ which a patent is so		m/are the original and first inventor(s) of the subject matter which is claimed and for					
		understand the contents of the above-identified application, including the claims, as ment specifically referred to above;					
to me/us to be mate available between t	erial to the fili	ity to disclose to the United States Patent and Trademark Office all information known o patentability as defined in 37 CFR 1.56, including material information which became ing date of the prior application and the National or PCT International filing date of the cation, if applicable; and					
are believed to be statements and the	true, e like	ein of my/own knowledge are true, all statements made herein on information and belief and further that these statements were made with the knowledge that willful false are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may the application or any patent issuing thereon.					
FULL NAME OF IN	VENT	OR(S)					
Inventor one: N	IICHE	L R. GAGNE					
Signature:		Citizen of: CANADA					
Inventor two: K	ENNE	TH G. MOLOY					
Signature:		Citizen of: US					
Inventor three: N	ORA	S. RADU					
Signature:		Citizen of: US					
Inventor four: B	RIAN	P. SANTORA					
Signature:	<u> 3</u>	P. Sater Citizen of: US					

Additional inventors are being named on 1 additional form(s) attached hereto.

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As the below named inventor(s), I/we declare that:	
This declaration is directed to:	
	☐ The attached application, or
	Application No, filed on,
	as amended on (if applicable);
I/we believe that I/we am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought;	
I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above;	
I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including material information which became available between the filing date of the prior application and the National or PCT International filing date of the continuation-in-part application, if applicable; and	
All statements made herein of my/own knowledge are true, all statements made herein on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any patent issuing thereon.	
FULL NAME OF INVENTOR(S)	
Inventor one: _V	VILSON TAM .
Signature:	Wilson Jan Citizen of: US
Inventor two:	·
Signature:	Citizen of:
Inventor three:	·
Signature:	Citizen of:
Inventor four:	
Signature:	Citizen of:
Additional investors are being named on additional form(s) attached hereto	

Burden Hour Statement: This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is used by the public to file (and the PTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This form is estimated to take 1 minute to complete. This time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief